PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| indicated unless corrected maintenance fee notification | below or directed otherwise | in Block I, by (a | specifying a | new correspondence addr | ress; and/or (b) indicating a sep | parate "FEE ADDRESS" for |
|--|--|--|---|--|---|--|
| | E ADDRESS (Note: Use Block 1 for 590 01/17/2006 | any change of address) | IPE | papers. Each addit have its own certif | e of mailing can only be used. This certificate cannot be used ional paper, such as an assignment of mailing or transmission | nent or formal drawing, must |
| SUGHRUE, MIC 2100 Pennsylvania Washington, DC 2 | | [| POLC APR 1 3 201 | I hereby certify the States Postal Servi unddressed to the gransmitted to the t | Certificate of Mailing or Trai at this Fee(s) Transmittal is bei ce with sufficient postage for f Mail Stop ISSUE FEE addres USPTO (571) 273-2885, on the | nsmission ng deposited with the United irst class mail in an envelope is above, or being facsimile date indicated below. |
| | | \3 | X | 8 | *************************************** | (Depositor's name) |
| | | ` | TONT & TRACTOR | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | FIRST NAME | | INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/781,273 | 02/13/2001 | Yoshil | | Ohta | Q62912 | 9431 |
| | OUND FIELD CORRECTIN | · | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | nprovisional NO \$1400 | | 0 | \$300 | \$1700 | 04/17/2006 |
| . EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | |
| MICHALSKI, JUSTIN I | | 2644 | | 455-098000 | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| | RESIDENCE DATA TO B | | | | | |
| | - | | | | signee is identified below, the | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OF COLLYTRY) 14/11/2006 RESIDENCE: 00000039 09781273 | | | | | | |
| PIONEER CORPORATION | | | Tokyo, | ur H | ::1501 ::1504 | 1400.00 OP 300.00 OP |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | |
| 4b. Payment of Fee(s): A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached. | | | | | | |
| | (from status indicated above | | ☐ b. Applicar | nt is no longer claiming SI | MALL ENTITY status. See 37 (| CFR 1.27(g)(2). |
| The Director of the USPTO NOTE: The Issue Fee and P nterest as shown by the reco | is requested to apply the lssi ublication fee (if required) vords of the United States Pate | ue Fee and Publicat will not be accepted ent and Trademark | tion Fee (if any) I from anyone of Office. | or to re-apply any previous or the ore-apply any previous ther than the applicant; a | ously paid issue fee to the applic registered attorney or agent; or | cation identified above. the assignee or other party in |
| Authorized Signature | 770 | | | Date | 4/7/00 | |
| Typed or printed name | Grant K. Rowa | | on is required to | Registrat | | nd by the LISPTO to process |
| ma concenon or miormatic | m is required by 37 CFR 1.3 | 122 and 27 CED | ni is required to | ociani oi icani a ociiciii | by the public which is to file (an | id by the OSI TO to process) |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.